2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000015014

1. Entity Name

PAYNE DEVELOPMENT CORPORATION

FILED
Feb 29, 2000 8:00 am
Secretary of State
02-29-2000 90157 025 ***150.00

Principal Place of Business	Mailing Address
1714 SE 11TH TERRACE CAPE CORAL FL 33990	1714 SE 11TH TERRACE CAPE CORAL FL 33990-4611

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
15139 Anchorage Way	15139 Anchorage Way
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Fort Myers, FL 33908	City & State: Fort myers, FL 33908
Zip / Country	Zip / Country

4. FEI Number 65-0814210 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PAYNE, CARRIE L
1714 SE 11TH TERRACE
CAPE CORAL FL 33990

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable) 15139 Anchorage Way

City Fort Myers **FL** Zip Code 33908

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE Carrie L Payne 2-17-00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PAYNE, CARRIE 1714 SE 11TH TERR CAPE CORAL FL 33990	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Payne, Carrie 15139 Anchorage Way Fort Myers, FL 33908	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PAYNE, BENJAMIN E 1714 SE 11TH TERR CAPE CORAL FL 33990	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Benjamin E. Payne 15139 Anchorage Way Fort myers, FL 33908	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (9/99)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Carrie L Payne 2-17-00 (941) 481-8109
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #